



RELEASE OF INFORMATION



I understand that different agencies provide different services and benefits. Each agency must have specific information in order to provide services and benefits. By signing this form, I am allowing agencies to exchange certain information so it will be easier for them to work together effectively to provide or coordinate these services or benefits.

I, _____ give my informed consent for:
Parent/Legal Guardian Name

Individual/Agency Name

Address/Phone Number

To share information regarding; _____,
Child's Legal Name D.O.B

With:

Individual/Agency Name

Address/Phone Number

The purpose of the requested information is to:

- _____ assist First Steps to determine eligibility
- _____ ensure the development of an IFSP
- _____ ensure provision of Early Intervention Services
- _____ inform the child's physician about his/her services and progress in First Steps.
- _____ assist the local school district in determining eligibility for Early Childhood Special Education
- _____ submit claims to Medicaid for eligible First Steps services
- _____ Other: _____

This consent includes the following types of information: (as checked √)

- _____ The child's entire early intervention record
- _____ Any and all health/medical /dental records
- _____ The child's IFSP
- _____ Any and all assessment/evaluation records/reports
- _____ Any and all provider progress notes
- _____ documentation of services provided
- _____ Other: _____

Any records sent to the First Steps Program will be subject to re-disclosure as required by the Family Educational Rights and Privacy Act (FERPA).

I understand:

- I have the right to inspect and copy the information to be shared.
- That if I do not give my consent to share information, First Steps may not be able to determine eligibility and or services that will best benefit my child and family.
- That failure to provide consent to share information with the local school district will not affect my child or family's ability to receive services under Early Childhood Special Education.
- I am providing my consent voluntarily and I understand the information on this form.
- That this release of information will remain in effect until my child is no longer receiving First Steps services unless I specify an expiration date.
- That I have a right to revoke this authorization at any time. I understand that if I revoke authorization I must do so **IN WRITING** and present my written revocation to the Service Coordinator. I further understand that actions already taken based on this authorization, prior to revocation, will **NOT** be affected.

Indicate here if the parent wishes to specify an expiration date prior to or after the date the child's First Steps services end. _____

Expiration date

Signature (Parent/Legal Guardian)

Date

If authorization is signed by a personal representative of the individual, please include a Description of Authority on Child's behalf and attach a copy of the Document Granting Authority.